Malnourishment of children

50. SHRI RAMDAS AGARWAL:
SHRI DARA SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that every third malnourished child of the world is in India;

(b) whether it is a fact that 150 million Indian children are at the risk of becoming malnourished as on date and out of the total infant mortality cases, 59 per cent are girls; and

(c) if so, what steps Government proposes to take for proper growth, development and survival of children in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The information is being collected and will be laid on the Table of the House.

Killing of girl foetus

51. SHRI RAMDAS AGARWAL:
SHRI DARA SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that killing of girl foetus is still rampant in prosperous States when India's sex ratio for girls being 927 for 1000 boys;

(b) whether it is a fact that only 125 cases of foeticide were registered in 2006; and

(c) if so, what remedial steps Government has taken or proposed to take to save the girl child from foeticide in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Sex ratio (number of females per thousand males) is one the most important indicator used for study of population characteristics. Declining trend in sex ratio has been a matter of concern for all in the country.

Child Sex Ratio for the age group of 0-6 years in 2001 is 927 girls per thousand boys against 945 recorded in 1991 Census.

The Census 2001 figures further reveal that the Child Sex Ratio is comparatively lower in the affluent regions, *i.e.,* Punjab (798), Haryana (819), Chandigarh (845), Delhi (868), Gujarat (883), Himachal Pradesh (896) and Rajasthan (909).

(b) As per the data furnished by the National Crime Records Bureau, *vide* their letter dated 5.12.2008, 125 cases were registered during, 2006.

(c) In order to check female foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was brought into operation from 1st January, 1996. The Act has been amended to make it more comprehensive. The amended Act, *viz.* "Pre-conception and Pre-

Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994", and Rules and Regulations framed thereunder came into force with effect from 14.2.2003. Steps have also been taken for creating awareness on the issue through various IEC mechanisms. Some of the steps taken by the Government to improve the Child Sex Ratio in the Country are constitution of the Central Supervisory Board under the Chairmanship of Union Minister of Health & Family Welfare, constitution of the National Inspection & Monitoring Committee for undertaking field visits periodically across the country, and constitution of the National Support & Monitoring Cell for effective implementation of the Act, training of Judiciary, publication of Annual Reports, Frequently Asked Questions (FAQs), organising sensitisation workshops/seminars, launching of 'Save the Girl Child' campaign, seeking cooperation from the NGOs/religious leaders, etc..

2. Further, under the National Rural Health Mission, Auxiliary Nursing Midwife (ANM) and Accredited Social Health Activist (ASHA.) are being sensitised on the issue. Also, funds have been provided to all States/UTs under the Rural Child Health (RCH) programme for implementation of the Act and related activities.

3. Funds have been released to the Governments of Chandigarh, Delhi, Gujarat, Haryana, Himachal Pradesh, Punjab and Rajasthan at the rate of Rs.5.00 lakh per hon'ble Member of Parliament (both Lok Sabha and Rajya Sabha) of these States/UTs, considered sensitive from the point of view of Child Sex Ratio, for expending on the identified awareness generation activities.

4. On 2.10.2007, on the occasion of the Birth Anniversary of the Father of the Nation, Mahatma Gandhi, a signature campaign was launched to generate awareness regarding the evils of female foeticide. H.E. the President of India appended her signature first on the scroll as the first citizen of the Country, Rallies were also organised on 4.10.2007 in every district of the NCT of Delhi to generate awareness among the public.

5. Further, the National Level Meeting on 'Save the Girl Child' held on 28.4.2008 at Vigyan Bhawan, New Delhi, lent the necessary impetus to the 'Save the Girl Child' mission.

All the State/UT Governments have been requested to replicate such a meeting in their respective States/UTs.

6. On the above occasion an independent website, *i.e. 'pndt.gov.in'* for PNDT Division was launched. This website, in addition to containing all the relevant information relating to PNDT Act, Rules, Regulations and activities, enables online filing of data right down from Clinics (including submission of From-F' online by the Clinics), in the field to the District and State level and their retrieval at the District, State and National levels.

7. The Government, on continuing basis, is monitoring the implementation of the Act and the Rules framed thereunder and creating awareness on the issue through various IEC mechanisms with

the active participation of the State/UT Governments, NGOs and other institutions.

Increase in child mortality rate in Andhra Pradesh

52. SHRI M.V. MYSURA REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Child Mortality Rate between the age group of 0-4 years in Andhra Pradesh has gone up since 2004 from 13.8 to 15.2;

(b) whether it is also a fact that there has been a fluctuation in Maternal Mortality Rate in the State between 1997-98 and 2005-06;

(c) if so, the reasons behind (a) and (b) above; and

(d) what steps Government is taking to contain the MMR and CMR in the State?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) As per the Sample Registration Survey (SRS) of the Registrar General of India, the estimated Child Mortality Rate (CMR) for Andhra Pradesh for the year 2004 is 13.8 and for the year 2006 is 15.2 and for the year 2007 is 14.6 which is given in the Statement-I (*See* below).

The estimated Maternal Mortality Ratio (MMR) for Andhra Pradesh for the periods 1997-98; 1998-2001 and 2001-03 are 197; 220 and 195 respectively. The MMR for the subsequent period is not available.

The CMR and MMR are estimated by the Registrar General of India, using statistical sampling techniques for figures across years are to be seen with reference to the confidence interval of the estimates. The fluctuations in MMR for the State of Andhra Pradesh are within this range.

The MMR statement of Andhra Pradesh as per the Registrar General of India is annexed as Statement-II (*See* below).

The National Rural Health Mission (NRHM) and the Reproductive and Child Health Programme Phase II under its umbrella, launched by the Government of India in the year 2005, in order to improve the availability of and access to quality health care including services for maternal and child health, seek to provide effective health care to rural population throughout the country.

In order to bring about a reduction in MMR and CMR, the Government of Andhra Pradesh is implementing the following key interventions, which *include:*

Maternal Health Care Services:

Maternal Health Care Services are being provided to the pregnant women by implementing the following schemes / interventions to strengthen the Maternal Care and reduce the Maternal Mortality Ratio.